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CONFIRMATION NO. 1072

SERIAL NUMBER 10/760,561	FILING DATE 01/20/2004 RULE	CLASS 210	GROUP ART UNIT 1724	ATTORNEY DOCKET NO. 03285					
APPLICANTS Kazimierz Swistun, Buffalo Grove, IL; <div style="text-align: center;"></div>									
** CONTINUING DATA *****									
** FOREIGN APPLICATIONS *****									
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 04/29/2004									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; vertical-align: top;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <div style="display: flex; justify-content: space-between;"> <div> Examiner's Signature Initials </div> </div> </td> <td style="width: 15%; text-align: center; vertical-align: top;"> STATE OR COUNTRY IL </td> <td style="width: 15%; text-align: center; vertical-align: top;"> SHEETS DRAWING 5 </td> <td style="width: 15%; text-align: center; vertical-align: top;"> TOTAL CLAIMS 24 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> INDEPENDENT CLAIMS 4 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <div style="display: flex; justify-content: space-between;"> <div> Examiner's Signature Initials </div> </div>	STATE OR COUNTRY IL	SHEETS DRAWING 5	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 4
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ADDRESS 30114 MERONI + MERONI P.O. BOX 309 BARRINGTON , IL 60011									
TITLE Gutter screen termination trim with water tension breaker									
FILING FEE RECEIVED 914	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> </table>		<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____
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